Calendar No. 2018

82D CONGRESS
2d Session

SENATE

REPORT
No. 2093

HEALTH CARE FOR DEPENDENTS OF SERVICEMEN

JULY 4 (legislative day, JUNE 27), 1952.—Ordered to be printed

Mr. LEHMAN, from the Committee on Labor and Public Welfare, submitted the following

REPORT

[To accompany S. 2337]

The Committee on Labor and Public Welfare, to whom was referred the bill (S. 2337) to provide for the national defense by enabling the States to make provision for maternity and infant care for wives and infants, and hospital care for dependents, of enlisted members of the Armed Forces during the present emergency, and for other purposes, having considered the same, report favorably thereon, with an amendment, and recommend that the bill, as amended, do pass.

GENERAL STATEMENT

To meet the threat of totalitarian agression, the American people have agreed to mobilize the national resources, manpower and energies to the extent necessary for the common defense.

The accomplishment of this objective has required the United States to enlarge its Armed Forces and to maintain standing forces far in excess of normal peacetime levels. Statutory preparations have been made for an even greater mobilization if it becomes necessary.

This expansion of the Armed Forces has resulted in serious dislocations in the normal patterns of the lives of many of our citizens. It is clear that some of these dislocations create social problems for which the Federal Government can and must assume the responsibility. One of these areas is the health needs of the families of men who are called to serve in the Armed Forces.

In the act of July 5, 1884 (23 Stat. 112; 10 U. S. C. 96) Congress provided that the families of officers and soldiers in the Army are entitled, whenever practicable, to the services of the Army's medical

officers and contract surgeons. Under the authority of this and subsequent acts making provision for health care of civilian dependents of Army, Navy, Marine Corps, and Air Force personnel, thousands of dependents have been and are being given medical and hospital care in military hospitals and clinics. In the past, under peacetime conditions, available military facilities have been adequate to care for the health needs of the dependents of all members of the Armed Forces. Today, however, with the Armed Forces at several times their peacetime strength, this is no longer true. Present military facilities, even after projected expansion is completed, will not even begin to be adequate to care for the dependents of the servicemen as well as for the servicemen themselves. The current question is whether military health facilities should be so expanded as to take care of all dependents, wherever they may be located, or whether some other provisions should be made to assure that the health needs of these families will be met.

The Committee on Labor and Public Welfare does not believe that it would be sound policy to expand military medical and hospital facilities so that they would be able to take care of the health needs of all civilian dependents of members of the Armed Forces. To do so would be to aggravate serious imbalances that already exist as between military and civilian medical and hospital personnel and facilities. To do so would mean draining away additional civilian health personnel and resources from communities throughout the country. To do so would mean drafting still more doctors and others to care for civilians.

What, then, should be done to see to it that the Government's obligation to take care of the health needs of the families of men in the Armed Forces is faithfully discharged?

In considering this question, the experience obtained during World War II in the administration of a program of maternity and infant care for wives and infants of servicemen, which was in effect from 1943 through the fiscal year 1947, is instructive.

The so-called EMIC program was based on the following principles: (1) All funds for the program were provided by the Federal Government; (2) initiation of the program in any State was at the discretion of the State, and administration of the program in the States was in the hands of the State health agencies; (3) the wife or infant had free choice of doctor and hospital at all times; and (4) participation in the program by doctors and hospitals was on a wholly voluntary basis.

More than 1,000,000 babies were born under this program, and about 250,000 infants received health services or medical care when sick. At its peak, 80 percent of the wives and newborn infants eligible for care were receiving benefits. Within a single year 48,000 physicians and 5,000 hospitals participated in the program and were paid for services.

The World War II EMIC experience has special significance at this time because, during the present mobilization period, maternity and health care for wives and preschool children of enlisted men is one phase of the medical care problem of these dependents which requires most immediate attention and action. The Children's Bureau has estimated that more than 200,000 babies will be born during fiscal 1953 to the wives of enlisted men. Approximately

75,000 of these babies will be born in military hospitals. Medical and hospital care for more than 125,000 maternity cases, however, will have to be found elsewhere and paid for by the servicemen themselves.

The Committee on Labor and Public Welfare believes it to be essential that the man serving in the Armed Forces be assured that his pregnant wife and his preschool children will be able to get the medical care they need. But tens of thousands of servicemen do not have this assurance now. And that number is expected to increase. If the Armed Forces should be required to go into larger-scale mobilization than at present, the size of the problem would be enormous.

Legislation to provide for a program of maternity and infant care for wives and pre-school children of enlisted members of the Armed Forces is needed now to meet the immediate problem of those dependents for whom military facilities are unavailable. Legislation is needed now to enable the appropriate Federal and State agencies to set up, in an orderly way, the necessary administrative mechanisms adequate to deal with the much larger problem which might arise overnight if the world crisis should suddenly worsen.

S. 2337, as reported by the Committee on Labor and Public Welfare, is designed to accomplish both of these objectives.

S. 2337, by its specific terms, provides that hospital, medical, nursing, and related services in connection with pregnancy and childbirth are to be arranged for the wife of any enlisted member of the Armed Forces. In addition, pre-school children are to be entitled to hospital, medical, nursing, and related services.

S. 2337, in summary, provides:

(1) assurance that upon application, the wife and pre-school children of any enlisted member of the Armed Forces shall be entitled to maternity and infant care, as the case may be, as provided for in the bill;

(2) establishment of standards to safeguard the quality of care provided for by the program;

(3) Federal financing and State administration of the program;

(4) authorization of funds to be made available to the States during a 3-month "tooling-up" period, to enable them to establish necessary administrative machinery and train personnel required in the State programs;

(5) appropriate utilization, consistent with economy and efficiency, and in conformity with the provisions of the act, of voluntary nonprofit agencies or organizations in the health or medical field which are in position to render services in the administration of the program at the State level;

(6) provision for consultation with advisory councils representative of medical, nursing, and hospital groups and organizations, State health authorities, and the public, at both the Federal and State levels;

(7) opportunity for hearing in the case of any individual denied care or dissatisfied with care received, or in the case of any doctor or institution not permitted to participate in the program or dissatisfied with payments received for, or requirements imposed with respect to, care furnished under the program, including professional representation on the hearing body when professional matters are involved; and

(8) limitation of the program to the duration of the national emergency proclaimed by the President on December 15, 1950.

The cost of a program of maternity and infant care for the wives and pre-school children of enlisted members of the Armed Forces, along the lines proposed in S. 2337, as reported by the committee, has been estimated by the Children's Bureau to amount to $25 million during fiscal 1953. This sum is only slightly less than the average annual appropriations for the EMIC program during World War II, for which approximately $125 millions were appropriated during the 4 years the program was in operation (1943 through fiscal year 1947). Of course, should there be any substantial further increase in the size of the Armed Forces, or any substantial decrease in the number of beds in military hospitals available for the use of civilian dependents of members of the Armed Forces, the funds necessary to operate the program provided for in the bill might have to be sharply increased.

Under the terms of S. 2337, as reported, it is discretionary with each State whether or not to participate in the program. There is nothing in the bill which requires any State to submit a State plan for maternity and infant care. Under the terms of S. 2337, Congress would simply declare its readiness to pay for the care of these dependents. But it is up to each State to decide whether this program is to be carried out within the State in question.

The committee has been urged to recommend legislation which would provide comprehensive hospital care for all dependents of servicemen in addition to maternity and infant care. The committee has determined, however, that maternity and infant care should have first priority, both on the grounds of the demonstrated need for such a program, and because of the special importance of this program as a morale factor among the men serving in the Armed Forces.

BACKGROUND OF THE LEGISLATION

In World War II the Nation was confronted with a similar situation in which many servicemen's wives and infants were unable to obtain medical and hospital care from the military departments. During World War II the situation first became evident at the local level and local and State agencies, as well as the many private organizations concerned with the well-being of mothers and children, attempted to cope with it. Before long, however, it became clear that these efforts could not cope with the problem. The State of Washington memorialized Congress for Federal action in view of the fact that since servicemen were taken out of normal employment by virtue of induction into the Armed Forces, the Federal Government should assume the responsibility for dealing with the situation.

Unfortunately, the problem assumed gigantic proportions before anything could be done about it at the Federal level, with military commanders appealing to Washington for aid, and with thousands of dependents of servicemen being cared for under the most makeshift of financial and medical arrangements. In 1943, however, Congress provided through an item included in the first Deficiency Appropriation Act of that year for an emergency maternity and infant care program. This program was continued by successive appropriation acts until after the end of World War II.

During the present mobilization period the military departments are again unable to take care of the number of expected births to

wives of enlisted men, or of the infant children of these men. Again, agencies at the State and local level and private organizations are dealing with the problem as best they can. Already, however, they are finding themselves unable to cope with the problem. This time, the State of Minnesota has memorialized Congress to take action to "immediately reenact into law the emergency maternity care program for the benefit of pregnant wives of men serving in the Armed Forces of the United States during the present national emergency."

Legislation to provide for a program of maternity and infant care for wives and infants of enlisted members of the Armed Forces was introduced early in the first session of the Eighty-second Congress. Such a program was provided for in S. 1245, introduced by Senator Hubert H. Humphrey on March 26, 1951. The effect of this bill, if enacted, would have been to re-establish during the present emergency a program substantially similar to the emergency maternity and infant care (EMIC) program which was in effect during World War II.

At about the same time, the Children's Bureau called together, for a series of conferences designed to explore problems that might be expected to arise in connection with any new EMIC program, a group of physicians and representatives of State health departments, hospitals and other groups that had actively participated in the World War II EMIC program. Among the agencies and organizations that participated in these conferences were the American Academy of Pediatrics, the American Medical Association (through the committee on maternal and child care of its council on medical service), the American Hospital Association, the Blue Cross Commission, the National Catholic Welfare Conference, the Association of State and Territorial Health Officers, and the American Public Health Association. As a result of these meetings the participating groups adopted a statement of "Principles to be Considered in Proposals for an Emergency Maternity and Infant Care Program for Wives and Infants of Enlisted Men," May 1951.

Upon the basis of this statement, and consultation by the staff of this committee's Subcommittee on Health with experts in the field of medical and hospital care and with staff representatives of the American Medical Association, the Blue Cross Commission, labor groups, and other interested organizations and individuals, a revised draft of a bill to provide maternity and infant care for wives and preschool children, and hospital care for all dependents, of servicemen during the present emergency was introduced by Senator Herbert H. Lehman, chairman of the Subcommittee on Health, shortly before the end of the first session of the Eighty-second Congress. S. 2337 was drafted with a view to utilizing the experience and meeting the principal difficulties and objections developed during the course of the wartime EMIC program, and to incorporating useful suggestions made in the course of the meetings and discussions referred to.

THE HEARINGS

Hearings on S. 1245 and S. 2337 were held before the subcommittee on March 10–14, inclusive, and April 10, 1952. Prompt favorable action on a program of maternity and infant care for wives and preschool children of enlisted members of the Armed Forces was urged by the Department of Defense, and the Children's Bureau, the

agency of the Government that is responsible for the existing Federal-State maternal and child health programs under the Social Security Act.

In addition, support for enactment of such a program at this time was voiced at the hearings, or has been communicated to the subcommittee, by the principal veterans' organizations, including the American Legion, the Veterans of Foreign Wars, the AMVETS, and the American Veterans' Committee; the major labor organizations, including the American Federation of Labor and the Congrress of Industrial Organizations; and by spokesmen for civic organizations and organizations concerned with problems of servicemen and their families, such as the General Federation of Women's Clubs, National Board of the YWCA, American Parents' Committee, National Congress of Colored Parents and Teachers, Spokesmen for Children, American Home Economics Association, National Education Association, American Association of Social Workers, National Federation of Settlements and Neighborhood Centers, American Nurses Association, National Council of Negro Women, National Council of Jewish Women, United Church Women of the United Council of Churches of Christ, National Women's Christian Temperance Union, National Consumers' League, Women's Trade Union League, and the Veterans' Service Center of Los Angeles. Support for the legislation was also voiced by the Cooperative Health Federation, representing consumer-sponsored cooperatives in the health field.

Legislation to provide assistance to dependents of servicemen in meeting the cost of medical and hospital care through some type of insurance plan is also advocated by the Welfare Council of Metropolitan Los Angeles. This agency has recently completed a study of maternity and infant care currently being obtained by servicemen's wives and infants in the Los Angeles area, which was undertaken at the request and with the financial assistance of the American Medical Association.

Testimony was received from a representative of the Association of State and Territorial Health Officers and the American Public Health Association bearing on the need for establishment of a program of maternity and infant care for wives and infants of enlisted men and on the principles that should govern the administration of such a program were it to be established.

Representatives of the American Hospital Association and the Blue Cross Commission took the position that the question of the need for the program was for Congress to decide. These organizations suggested an alternative approach to the whole problem of medical and hospital care for dependents of servicemen, based on voluntary deductions from servicemen's pay to cover premiums necessary to purchase insurance against the costs of such care, with possibility of a Federal contribution to cover part of such premiums.

Spokesmen for the American Medical Association questioned the need for a program of maternity and infant care for servicemen's wives and infants at this time, but offered suggestions based on a canvass of medical practitioners who participated in the World War II EMIC program as to shortcomings in that program that should be corrected in any legislation undertaking to establish a similar program.

The subcommittee has carefully considered the various suggestions offered at the hearings and, insofar as these suggestions were found

to have merit, appropriate provisions have been included in the committee amendment.

As a result of the hearings before the subcommittee, the committee is of the opinion that the objective of assuring maternity and infant care for the wives and infants of enlisted members of the Armed Forces can practicably be met at this time on the basis of the experience gained in the administration of the wartime EMIC program. Such legislation should be enacted to meet a demonstrated need and discharge an acknowledged obligation of the Federal Government to men who are taken away from their businesses and ordinary occupations and placed under arms, at military pay levels, in order to serve their country. Such legislation is needed to maintain at a high level the morale of the men thus called into service.

The committee is of the opinion that it is desirable to accomplish this objective through the use of existing voluntary health insurance systems, insofar as such utilization is possible and practicable, enables effective and economical care to be provided, and assures adequate, equitable, and uniform coverage and protection.

There has been a very rapid growth in the coverage and services provided by voluntary health-insurance plans, particularly in the period since the end of World War II. At the present time, nearly half of the population of the United States is covered by some form of hospital insurance and approximately 20 million persons are covered by some form of medical-care insurance.

The significance of the growth of voluntary health-insurance plans is a matter to which the Subcommittee on Health has given a great deal of attention during the Eighty-second Congress. A report on the present status of these plans, entitled "Health Insurance Plans in the United States," which was prepared for the subcommittee by a special study staff under the direction of Dr. Dean A. Clark, director, Massachusetts General Hospital, Boston, Mass., was completed during the first session of the Eighty-second Congress (S. Rept. 359).

The provisions of the bill as reported are in the committee's judgment effectively designed to make maximum use, and to promote sound development, of voluntary health-insurance plans in the field of health care covered by the bill, while at the same time giving assurance that every serviceman's wife and baby will receive the care to which they are entitled.

Because of widespread interest in the proposal of the American Hospital Association and the Blue Cross Commission for a system of health care for servicemen's dependents based on payroll deductions, a special hearing was held on April 10, 1952, before the Subcommittee on Health at which further testimony was received from a representative of the Blue Cross Commission. In the course of this hearing it developed that the representative of the Blue Cross Commission did not feel that it would be feasible to attempt to develop insurance coverage limited to maternity and infant care for wives and infants of servicemen on a Nation-wide basis through existing voluntary health insurance plans. It also developed that there are wide variations in the coverage and services provided through voluntary health insurance systems, especially with regard to maternity benefits (normally, for example, there is a 10-month waiting period even where maternity benefits are available).

The committee's study of the proposal of the American Hospital Association and the Blue Cross Commission indicates that it is not

practicable nor possible through voluntary health insurance systems alone to assure adequate and uniform coverage and protection for the prenatal, delivery, and postnatal care of the serviceman's wife or for the care of his baby and preschool children. This proposal, however, represents a significant contribution to the development of sound and effective means of assisting families of servicemen and Federal employees and their families to obtain protection against the costs of medical and hospital care which will receive further study without delay.

NEED FOR A PROGRAM OF MATERNITY AND INFANT CARE FOR WIVES AND INFANTS OF ENLISTED MEN

In the opinion of the committee, the need for legislation at this time to establish a program of maternity and infant care for wives and infants of enlisted members of the Armed Forces was clearly established during the course of the subcommittee hearings. The hearings showed that the size of the Armed Forces now in existence and projected for the immediate future will be such that many tens of thousands more babies will be born to wives of enlisted members of the Armed Forces than can be cared for in existing or projected military hospitals. For the soldier fathers and the mothers of these babies the cost of prenatal, delivery, and postnatal care of the mother, and care of the infant, will constitute a serious and in some cases insupportable burden on the individuals involved unless a program of Government assistance is provided. The committee is convinced that the Federal Government has an obligation to assure men who have been called into the Armed Forces that, whether or not the facilities of military hospitals and military personnel are available, at least the cost of maternity and infant care for their wives and infant children will not be a burden either upon them, their families, their local communities, or local relief agencies as a result of their service in the Armed Forces in the present emergency.

It is estimated by the Children's Bureau that some 200,000 babies will be born during fiscal 1953 to wives of enlisted men who would be eligible for maternity and infant care under the provisions of the bill. In the absence of the program envisaged by the bill, the mothers of 125,000 of these 200,000 babies will have to find and pay for hospital and medical care for themselves and their babies. Some 75,000 will be able to make use of hospitalization and medical care provided through military facilities and military personnel.

The factors taken into account in arriving at these estimates are in accord with the objective criteria suggested by the American Public Health Association in its statement on maternity and infant care for military dependents, January 22, 1952.

The Subcommittee on Health made exhaustive efforts to check the accuracy of these estimates. Careful inquiry was made as to the manner in which the estimate of the number of babies expected to be born to wives of enlisted members of the Armed Forces during fiscal 1953 was obtained.

The following table obtained by the staff of the Subcommittee on Health from the Children's Bureau shows the number of births per 100 enlisted men in the Armed Forces that could be expected if the birth rate for these men was the same as for men in the same age groups in the general population:

	Estimated age distribution of 100 enlisted men	General birth rate per man	Births
Under 20	23	0.013	0.30
20–24	42	.132	5.54
25–29	18	.180	3.24
30–34	10	.138	1.38
34–39	5	.086	.43
40 or more	2	.071	.14
Total	100		11.03

The Children's Bureau considered that the birth rate thus indicated (11.03 per 100 enlisted men, or 0.1103 per enlisted man) is too high because the percentage of enlisted men now in the Armed Forces who are married is substantially lower than the percentage of married men in the same age groups in the general population. Only 28 percent of enlisted men are married, according to a survey made by the Army and the Air Force in mid-1951, as compared with 48 percent of men in the same age groups in the general population. Accordingly, the birth-rate figures were reduced, to reflect the lower marriage rate among enlisted men, to 6.4 per 100, or 0.064 per man.

In this connection, it is worth noting that the proportion of married men among enlistees might increase substantially if present policies limiting the drafting of married men should be changed. Any such change would of course, also serve to raise the 200,000 estimate.

Multiplying the average number of enlisted men (3,200,000, according to estimates supplied by the Department of Defense) expected to be enrolled in the Armed Forces during the fiscal year 1953 by the estimated birth rate per man (0.064, as indicated above) it was determined that 204,800 births can be expected during that year.

The committee is impressed with the fact that the estimate of the Children's Bureau that 200,000 babies are expected to be born during fiscal 1953 to wives of enlisted men eligible for maternity and infant care under the provisions of the bill was not directly challenged by any of the witnesses appearing at the hearing. On the contrary, other evidence received by the subcommittee indicates clearly the conservative nature of the Children's Bureau estimate.

A special Army survey conducted in the spring of 1951, based on a scientifically selected sample, indicated that among the 4,588 enlisted men included in the survey, 55 had infants under 1 month of age. This would mean 12 births per month, or 144 births per year, per thousand enlisted men. This rate is more than twice the birth rate (64 per 1,000) used in arriving at the 200,000 estimate made by the Children's Bureau. Even if considerable allowance is made for sampling and other errors, the finding that 55 of 4,588 men had infants under 1 month of age indicates that errors in the estimate are on the side of under-, rather than over-statement.

The special survey of enlisted Army personnel also disclosed that about 20 percent of the married men reported that their wives were pregnant at the time of the survey. It is estimated that 28 percent, or about 900,000 of the 3,200,000 enlisted men who will be enrolled in the Armed Forces in fiscal 1953 will be married men. It thus appears, according to the Army survey, that approximately 180,000 babies

could be expected to be born during a given 9-month period, or in the neighborhood of 240,000 during the period of a year, when the Armed Forces are at the projected 1953 level. This figure again demonstrates the conservative nature of the estimate supplied the subcommittee by the Children's Bureau.

It was testified during the hearings that the Children's Bureau obtained from the American Red Cross, which is the largest voluntary organization serving dependents of men in the Armed Forces, such information as it had or could develop on requests for assistance in meeting the costs of maternity and infant care which it was receiving. Dr. Martha M. Eliot, Director of the Children's Bureau testified:

> The Red Cross reported to us last spring that there had been a striking increase in the number of requests from wives for assistance in arranging and paying for maternity care and children's medical care. To give an idea of the size of the problem, the Red Cross undertook a special survey, covering March 1951. On the basis of this survey, the Red Cross estimates that about 110,000 requests for help in obtaining maternity care will be received from families of servicemen over a year's period. Under its financial assistance policy for meeting emergency needs, only about 10,000 of these families will be helped in paying for care, and as already pointed out, this would be only a temporary type of assistance. On the same basis, the Red Cross will also receive approximately 60,000 requests a year for help in obtaining medical care for children under 18, with financial assistance being given to only about 12,000.
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> Information obtained from the Red Cross area offices in January 1952 indicates that the situation in general has remained comparatively stable since the 1951 study was made, with some indication of spotty increases. In the Pacific area, for example, there was an impression of a gradual upward trend in requests for maternity and medical care for wives and children of servicemen as the strength of the Armed Forces increased.

The data obtained by the Red Cross were not evaluated by that organization as to whether they did, or did not, demonstrate need for a program of maternity and infant care for wives and infants of enlisted men at this time. In the committee's opinion, however, the fact that the Red Cross estimates that about 110,000 requests for help in obtaining maternity care, and 60,000 requests for help in obtaining medical care for children under 18 will be received over a year's period is not only significant corroboration of the Children's Bureau estimate as to the number of births to wives of enlisted men who would be eligible for maternity care under the provisions of the bill but also evidence of a real demand for a program such as that provided for in the bill.

The significance of the requests for help being received by the American Red Cross lies in the fact that, even with its present rule limiting financial assistance for maternity care to emergency cases, or about 1 in every 11 requests for help during the period of its survey, it is now the principal agency where wives of servicemen think they may be able to find help. Dr. Martha M. Eliot, Director of the Children's Bureau, testified on this point as follows:

> The fact that the kinds of services needed are not generally available within the maternal and child-health programs probably accounts for the fact that State health department officials reported last fall that they were receiving relatively few appeals for help from servicemen's wives. People must turn to the place where they think help is available—hence they go to the Red Cross which estimates it will be receiving about 110,000 requests for maternity care alone over a year's period.

As has been stated, the Children's Bureau estimates that during fiscal 1953 approximately 75,000 of the expected 200,000 births to

wives of enlisted men can be cared for by existing military facilities and personnel. This figure was supported by the representatives of the Department of Defense, including the Department of the Army, who testified at the subcommittee hearings, and was not questioned by any of the other witnesses.

On the basis of the expected births to enlisted men's wives during fiscal 1953 and the number of these births that may be cared for through military facilities, 125,000 births will have to be cared for in some other manner. Independent corroboration of this figure is found in the requests for help currently being received by the American Red Cross, which indicate that as many as 110,000 such requests will come in during fiscal 1953. Clearly, in nearly all of these cases, military facilities are not available to the applicants.

Insofar as the hearings before the subcommittee indicated any disagreement among the witnesses on the question of the need for this legislation, this disagreement appears to have centered principally around the question of whether there is a demand for the legislation on the part of those who would be eligible for maternity and infant-care protection if the bill were enacted into law. While the hearings showed that, in the opinion of the representatives of many organizations concerned with the problems of these individuals, there is considerable demand for a maternity and infant-care program at this time, it is difficult to assess the extent of need for the program on the basis of whether or not people are asking for it in large numbers.

It is significant that during the period prior to the inauguration of the World War II EMIC program in March 1943, there were very few direct appeals for assistance to State health departments from servicemen or their wives or from agencies having occasion to handle hardship cases among them, such as the American Red Cross and public-welfare agencies. Yet in 1942 the Red Cross was receiving hundreds of requests for help each month, and when the EMIC program was initiated, the State health departments were deluged with demands for assistance.

The 1942 experience and the testimony received by the subcommittee at its hearings indicate that the presence of or lack of an expressed demand for a maternity and infant care program during the present emergency is not in itself a reliable index of whether there is or is not any need for such a program.

In the absence of legislation to provide for a program of maternity and infant care for wives and preschool children, there will be extensive discrimination against many wives and children of servicemen who, because of the unavailability or inaccessibility of military medical facilities, cannot obtain maternity and infant care through these facilities. Fewer than 40 percent will be able to obtain such care.

This situation seems manifestly unfair. The Federal Government has an equal obligation with respect to each one of the servicemen's wives who has a baby, whether the baby is delivered by an Army or Navy doctor, or a physician in private practice.

At the present time, when a man is drafted or enlists, he has a right to believe that in case of maternity his wife and child will be relieved of the cost of necessary medical and hospital care. The military departments are presently providing such care on a permissive basis to the extent facilities are available.

Medical care by the military departments is provided free of charge, except that hospitalization is charged for at the rate of $1.75

per day, and is provided as a benefit to which servicemen's families are entitled when military facilities are available, and not as a charity on the basis of need. Nor is it necessary for the dependent to have explored other avenues of help before coming to the military authorities.

But the fact is that this next year the military facilities, either because such facilities are overtaxed or because they are too remote to be practically available, will not be able to provide care in some 125,000 expected maternity cases. In these circumstances, the Federal Government will, in the absence of the proposed legislation, be unable to fulfill its obligation to many tens of thousands of soldier fathers each one of whom had an equal right on enlistment or induction to expect that his wife and infant would share in these benefits and be assured hospital and medical care when they needed it.

In the opinion of the committee, this situation constitutes a serious inequity and injustice.

Moreover, the existing situation encourages wives to congregate in already overburdened communities in order to obtain medical care, when they might otherwise stay in their home communities. The committee believes this is undesirable from the point of view of our already unbalanced community structure.

It is the conclusion of the committee that the Federal Government cannot, in the absence of the proposed legislation, discharge its obligations to servicemen and their families equitably and justly and without neglect of, and discrimination against, more than 60 percent of those who will be eligible for the benefits referred to.

The proposed legislation would permit the Federal Government to meet this need and discharge this obligation within the framework of civilian medicine and without disturbing normal community arrangements for hospital and medical care.

THE FORM OF THE LEGISLATION

The committee has given careful study to the question of the kind of legislation to provide maternity and infant care for wives and preschool children of enlisted members of the Armed Forces which should be enacted at this time. It was testified at the hearing that, in general, the provisions of title I of S. 2337, as introduced, adequately reflected the sound features of the EMIC program as it was operated during World War II, and resolved, in a satisfactory manner, the principal difficulties which had arisen in connection with the administration of that program.

Except for such changes as are noted below, the provisions of the bill as reported by the committee are the same as the provisions relating to maternity and infant care which were included in S. 2337 as introduced.

1. "Tooling up" period

The bill permits States to obtain funds in advance of putting into effect plans for the actual furnishing of care to wives and infants entitled thereto, in order to enable the States to establish the necessary administrative machinery and train personnel. Such a provision is included in section 4 (c) of the bill as reported and authorizes payments to States necessary to enable them, during the 3-month period beginning with the first day of the calendar month following the month in which appropriations first become available under the bill, to em-

ploy and train staff, appoint and consult with a State advisory council, and otherwise prepare for carrying out in the State the program provided for in the bill.

2. Utilization of voluntary health-insurance plans

The bill makes provision for—

appropriate utilization, consistent with economy and efficiency, and in conformity with the provisions of this act, of voluntary nonprofit agencies or organizations in the health or medical field which are in position to render services in the administration of State plans for care in accordance with this act.

The objectives of this provision are to take advantage of the tremendous growth of voluntary health-insurance plans which has occurred during the period since the EMIC program was in operation during World War II, consistent with assuring necessary flexibility in the utilization of such plans by the several State agencies, and making sure that over-all costs of administration will not be increased nor the effectiveness of the program cut down by reason of the utilization of such plans.

In indicating its support for this provision, the Children's Bureau expressed the opinion that the governmental agencies administering the program must be in position to take full responsibility for safeguarding standards of care, for protecting the rights of beneficiaries to the service, and for economy and efficiency of operation. The hearings made clear that there is wide variation among voluntary nonprofit agencies and organizations in the health or medical field with respect to both their coverage and the services which they provide to participants. In order to assure uniformity of care among wives and infants of servicemen, regardless of where they reside, it seems to the committee essential that final responsibility in this respect be vested in the governmental agencies, namely, the State health agencies and the Children's Bureau, through which the program is to be administered. The bill, as reported, is intended to vest such responsibility in these governmental agencies.

3. Federal financing

The bill provides for 100 percent Federal financing of the program. In view of the Nation's obligation to its servicemen, 100 percent Federal financing is justified in principle and is supported by the World War II experience.

4. Scope of the bill

The coverage provisions of the bill extend the benefits of the program to the families of enlisted men. In the event that it should develop in the course of administering the program that there is need for extending the program to include certain officer grades as well as the enlisted ranks, as suggested by the Department of Defense, the committee will give careful consideration to any amendments which experience indicates to be desirable.

The bill is drafted so as to enable the States to provide a comprehensive program of maternity and infant care for wives and preschool children of enlisted men. Maternity care is defined as including hospital, medical, nursing, and related services in connection with pregnancy and childbirth. Thus, necessary prenatal and postnatal care, as well as delivery care, is assured. Also, care may be provided in all cases for conditions growing out of or relating to pregnancy of the serviceman's wife. Infant care is also defined as including hospital, medical, nursing, and related services in connection with the

care of an infant. This gives assurance that all necessary pediatric and other medical service required for the care of infants of enlisted members of the Armed Forces may be provided for.

S. 2337, as reported, recognizes that it is essential, in order to provide a high quality of maternity and infant care to wives of enlisted men, that the administering agencies at the State level have specific responsibility for making sure not only that medical and hospital bills are paid, but also that, where necessary, wives and children are put in touch with the facilities and the physicians from whom such care can be obtained.

Under the EMIC program of World War II, State health departments were responsible for arranging to inform the wives of servicemen of their rights to benefits under the program and for the utilization of the facilities of State and local maternal and child health services, such as the services of the Public Health nurse or the crippled children's program. The State health departments were able to arrange and authorize payment for boarding care in homes meeting the standards of welfare departments for women before or following delivery if they lived in remote areas and needed to be brought nearer to a hospital or a doctor for care.

As under the World War II EMIC program, mothers and infants would under S. 2337 be entitled to care recommended by doctors. There may be complications of pregnancy. A baby born prematurely may need care in a hospital for many weeks. A child who is sick may require care over a long period of time. This is not only a question of hospital care of relatively long duration but also of making sure that special diagnostic and medical consultation services will be available as well as such emergency measures as blood transfusions. The proposed legislation would make available such counseling and information services as are necessary to assure enlisted men's wives and preschool children, respectively, a high quality of maternity and pediatric care.

6. Advisory councils at Federal and State levels

The bill provides that each State shall establish an advisory council composed of representatives of medical, nursing, and hospital groups and organizations, and the public with which the State agency is required to consult in administering the plan. Indication of the plans of the State for carrying out this requirement must be included in the plan submitted by the State for approval by the Children's Bureau. The bill further provides that the Federal agency administering the program shall also establish and consult with a national advisory council consisting of 15 members, representing medical, nursing, and hospital groups and organizations, and the public.

It was recommended by the representatives of the Association of State and Territorial Health Officers that provision be made for liaison between this organization and the national advisory council, through the inclusion of provision in the bill for at least one of the members of the council to be a State health officer. The committee believes that this is a sound suggestion and has included in the bill an appropriate provision carrying out this suggestion.

It was also suggested by the representative of the American Osteopathic Association that this association should be represented on the national advisory council as well as on the State councils. The bill

does not purport to indicate which of the various medical specialties involved in the care of maternity cases or in the care of infants, are to be represented on either the State advisory councils or the national advisory council. The committee does not believe that it would be desirable to specify any particular medical group as entitled to representation in the councils. It is believed that the interests of the American Osteopathic Association in connection with the program provided for in the bill have been adequately protected through inclusion in section 10 (e) of a provision that the terms "maternity care" and "infant care," as used in the bill, include the services of osteopathic practitioners and hospitals within the scope of their practice as defined by State law.

8. Care of children through the preschool years

Under the provisions of the bill, care is to be provided for infants of enlisted members of the Armed Forces until the child has attained the age of 5.

The first 5 years of a child's life comprehend in most jurisdictions the preschool years. Insofar as infant care is concerned, the first 2 years of life are ordinarily more costly than the years from 2 to 5. The Children's Bureau has estimated that approximately $1,500,000 of the total cost of the program for the first year of operation would be required to provide care for 3- and 4-year-old children. The bill would provide care for children in general through the preschool period.

THE COMMITTEE BILL

The bill reported by the committee is in the form of a substitute for S. 2337. The amendment recommended by the committee is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

That it is hereby declared to be the policy of Congress to provide for the national defense by assuring to the wives and infants of enlisted members of the Armed Forces an effective and efficient program of maternity and infant care during the period of national emergency proclaimed by the President on December 16, 1950.

It is further declared to be the policy of Congress that such program be administered by the several States, in accordance with plans submitted to, and approved by, the Federal Security Administrator, and with appropriate utilization, consistent with economy and efficiency and in conformity with the provisions of this Act, of voluntary nonprofit agencies or organizations in the health or medical field which are in position to render services in the administration of State plans for care in accordance with this Act.

SEC. 2. In order to enable the States to provide maternity and infant care for the wives and infants of enlisted members of the Armed Forces in accordance with the purposes and policies of this Act, the Federal Security Administrator, through the Children's Bureau, is hereby authorized and directed to make payments out of funds made available pursuant to section 7 of this Act, to States which have submitted, and had approved by the Administrator, State plans for the furnishing of such care.

SEC. 3. (a) To be approved under this Act, a State plan must—

(1) provide for administration, or supervision of the administration, of the State plan by the State health agency, but the State health agency may, consistent with economy and efficiency and with paragraph (5) of this subsection, utilize the services of voluntary nonprofit agencies or organizations in the health or medical field in the administration of the plan;

(2) provide that the State health agency will make reports in such form and containing such information as the Administrator may from time to time

require, and comply with such provisions as he may from time to time find necessary to assure the correctness and verification of such reports;

(3) provide for a State advisory council composed of representatives of medical, nursing, and hospital groups and organizations, and the public, with which the State health agency shall consult in administering the plan;

(4) provide that, upon application therefor, the wife and infants of any enlisted member of the Armed Forces of the United States shall be entitled to care under the plan;

(5) provide such methods of administration as are reasonably calculated to assure the furnishing of care under the plan to all individuals entitled thereto and such methods for determining the reasonable costs of care to be paid for under the plan and for the establishment and maintenance of personnel standards on a merit basis as are necessary for the proper and efficient operation of the plan, but the Administrator shall exercise no authority with respect to the selection, tenure of office, and compensation of any member of the staff employed by the State health agency or by any local health agency participating in the administration of the State plan in accordance with such methods;

(6) provide for granting an opportunity for a hearing to any individual whose application for care under the plan is denied or not acted on with reasonable promptness or who is dissatisfied with any care received under the plan and to any individual or institution not permitted to furnish care under the plan or dissatisfied with any payments received for the furnishing of such care or with any requirements imposed with respect to the furnishing of such care, and provide that the hearing body shall contain professional representation when professional matters are involved; and

(7) provide for the establishment of standards designed to safeguard the quality of care furnished under the plan, including standards for the professional personnel and institutions furnishing such care under the plan.

(b) The Administrator shall approve any State plan which fulfills the conditions specified in subsection (a) of this section, and shall thereupon notify the State health agency of his approval. If the Administrator disapproves any State plan he shall notify the State health agency and shall, upon written request by such agency within such period of time after sending the notice of disapproval as he may prescribe, give such agency an opportunity for a hearing on his action. He shall then affirm or reverse his action as may be necessary after such hearing.

SEC. 4. (a) From the sums appropriated therefor, the Secretary of the Treasury shall, in accordance with the provisions of subsection (b) of this section, from time to time pay to each State which has a plan approved under this Act an amount, which shall be used exclusively for carrying out the State plan, equal to the expenditures made by the State, during the period for which the payment is made, for maternity and infant care under the plan for wives and infants of enlisted members of the Armed Forces, plus the sums expended during such period as are found necessary by the Administrator for the proper and efficient administration of the plan.

(b) The Administrator shall from time to time, on the basis of reports from the State showing the estimated number of wives and children who will receive care under the State plan during the period for which the estimate is made and the estimated cost of such care and on the basis of such other investigations as the Administrator deems appropriate, estimate the amount to be paid to each State for such period under subsection (a) of this section, and shall then certify to the Secretary of the Treasury the amount so estimated, reduced or increased, as the case may be, by any sum by which the Administrator finds that his estimate for any prior period was greater or less than the amount which should have been paid to the State for such period under such subsection The Secretary of the Treasury shall, through the Fiscal Service and prior to audit or settlement by the General Accounting Office, pay to the State, at the time or times fixed by the Administrator, the amount so certified.

(c) The Administrator shall also certify to the Secretary of the Treasury for payment to any State (including a State which has not yet submitted a State plan under this Act) such amounts as the Administrator determines to be necessary to enable the State, during the period beginning with the first day of the calendar month following the month in which appropriations to carry out this Act become available, and ending with the close of the third calendar month following the month in which such appropriations become available, to employ and train staff, appoint and consult with the State advisory council provided for in paragraph (3)

of section 2 (a) of this Act, and otherwise prepare for carrying out the program provided for in this Act in such State. The Secretary of the Treasury shall, through the Fiscal Service and prior to audit or settlement by the General Accounting Office, pay, at the time or times fixed by the Administrator, in accordance with such certification. Any amount so paid which is not used for the purposes for which paid, shall be repaid to the United States.

SEC. 5. If the Administrator, after reasonable notice and opportunity for hearing to the State health agency concerned, finds that the State plan has been so changed that it no longer complies with any condition required by section 2 of this Act to be included in the plan or that in the administration of the plan there is a failure to comply substantially with any such condition, he shall notify such State health agency that further payments will not be made to the State until he is satisfied that there is no longer any such failure to comply. Until he is so satisfied he shall make no further certification to the Secretary of the Treasury with respect to such State.

SEC. 6. The Administrator's final refusal to approve a State plan under subsection (b) of section 3 of this Act, and his final action under section 5 of this Act (after the hearing provided for after the expiration of the time within which the State agency may request a hearing if none has been requested prior thereto) shall be subject to judicial review on the record in the United States court of appeals for the circuit in which the State or any portion thereof is located, in accordance with the procedure set forth in the Administrative Procedure Act.

SEC. 7. There are hereby authorized to be appropriated such sums as may be necessary to carry out the provisions of this Act.

SEC. 8. The Administrator shall make and publish such regulations as may be necessary to the efficient administration of his functions under this Act. All such regulations shall be made after consultation with a committee selected from among and representing the State health authorities.

SEC. 9. (a) The Administrator shall establish, and, in matters of policy arising in connection with his functions under this Act, consult with a national advisory council consisting of fifteen members representing medical, nursing, and hospital groups and organizations, State health authorities, and the public. Each member shall hold office for a period of three years except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term and except that, of the members first appointed, five shall hold office for a term of three years, five shall hold office for a term of two years, and five shall hold office for a term of one year, as designated by the Administrator. The national advisory council shall elect its own chairman and shall meet at least once each year on call of the chairman or the Administrator.

(b) The national advisory council provided for in this section shall advise, consult with, and make recommendations to the Administrator on matters relating to the administration of this Act.

(c) The members of the national advisory council provided for in this section shall, while serving on business of the council, be entitled to receive compensation at a rate to be fixed by the Administrator, but not exceeding $50 per diem, and shall also be entitled to receive an allowance for actual and necessary traveling and subsistence while so serving away from their places of residence.

SEC. 10. For purposes of this Act—

(a) The term "Administrator" means the Federal Security Administrator.

(b) The term "enlisted member of the Armed Forces of the United States" means any person below the grade of warrant officer in the active service of the Air Force of the United States, the Army of the United States, the United States Navy, the Marine Corps, or the Coast Guard.

(c) The term "State" includes Alaska, the District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands.

(d) The term "infant" (of an enlisted member of the Armed Forces of the United States) means the child of such an enlisted member if such child has not attained the age of five years and includes any child who has not attained such age and (1) to whose support such an enlisted member has been judicially ordered or decreed to contribute, or (2) who has been judicially decreed to be the child of such an enlisted member, or (3) who has been acknowledged in writing by such an enlisted member to be his child; and the term "wife" includes any woman who is pregnant with or gives birth to such a child, for purposes of maternity care in connection with such pregnancy or birth.

(e) The term "maternity and infant care" means maternity care in the case of wives of enlisted members of the Armed Forces of the United States and infant

care in the case of infants of such members; and the term "maternity care" means such hospital, medical, nursing, and related services in connection with pregnancy and childbirth as may be included in regulations of the Administrator, and the term "infant care" means such hospital, medical, nursing, and related services in connection with the care of an infant as may be included in such regulations: *Provided*, That the terms "maternity care" and "infant care" include the services of osteopathic practitioners and hospitals within the scope of their practice as defined by State law.

(f) Entitlement to maternity and infant care shall be determined as of the time application therefor is filed, except that in accordance with regulations of the Administrator, such entitlement may also include care furnished prior to the application where denial of such inclusion would result in undue hardship and be inconsistent with the purposes of this Act.

SEC. 11. No payments may be made to any State under this Act with respect to maternity and infant care pursuant to any application filed after the close of the fiscal year in which the President declares an end to the national emergency proclaimed by him on December 16, 1950.

Amend the title so as to read:

"A bill to provide for the national defense by enabling the States to make provision for maternity and infant care for wives and infants of enlisted members of the Armed Forces during the present emergency, and for other purposes."

SECTIONAL ANALYSIS

Section 1 of the bill contains certain declarations of policy by the Congress. This section makes clear the intent of Congress. This section declares it to be the policy of Congress to provide for the national defense by assuring an effective and efficient program of maternity and infant care for wives and infants of members of the Armed Forces during the period of national emergency proclaimed by the President on December 16, 1950, to be administered by the several States in accordance with State plans submitted to, and approved by the Federal Security Administrator. This section also makes clear the Congressional policy that State health agencies administering the program make appropriate utilization, consistent with economy and efficiency, of voluntary nonprofit agencies or organizations in the health or medical field which are in position to render services in the administration of the State plans.

Section 2 provides that in order to enable the States to provide maternity and infant care for wives and infants of enlisted members of the Armed Forces, the Federal Security Administrator, through the Children's Bureau, is authorized and directed to make payments, out of funds made available for the purpose, to States which have submitted, and had approved by the Administrator, State plans for furnishing such care.

Subsection (a) of section 3 outlines the provisions that must be included in the State plans in order to qualify for approval. These conditions are as follows:

(1) Administration of the plan, or supervision thereof, is to be by the State health agency, but the agency is authorized, consistent with economy and efficiency and with paragraph (5) below, to utilize the services of voluntary nonprofit agencies or organizations in the health or medical field in the administration of the plan.

(2) Such reports are to be made by the State health agency as the Administrator may from time to time require.

(3) A State advisory council is to be established, composed of representatives of medical, nursing, and hospital groups and organi-

zations, and the public with which the State health agency will consult in administering the plan.

(4) Wives and infants of any enlisted member of the Armed Forces are, upon application, to be entitled to care under the plan.

(5) The plan is to set forth methods of administration reasonably calculated to assure the furnishing of care to all individuals entitled thereto and such methods for determining the reasonable costs of care to be paid for under the plan and for establishing and maintaining personnel standards on a merit basis as are necessary for proper and efficient operation of the plan. The Administrator is specifically prohibited from exercising any authority with respect to selection, tenure of office, and compensation of any staff member employed by the State health agency or by any local health agency participating in administration of the State plan.

(6) An opportunity for a hearing is to be granted to any individual whose application for care is denied or not acted on with reasonable promptness or who is dissatisfied with care received under the plan. Individuals or institutions not permitted to furnish care under the plan, or dissatisfied with payments received for furnishing such care, or with any requirements imposed with respect to furnishing such care are likewise to be granted an opportunity for a hearing. The hearing body must contain professional representation when professional matters are involved.

(7) Standards are to be set forth to safeguard the quality of care furnished under the plan, including standards for the professional personnel and institutions furnishing such care.

Subsection (b) provides that a State plan meeting these conditions shall be approved by the Administrator who is required to notify the State agency of such approval. If the Administrator disapproves the plan, he is required to notify the State health agency and, upon written request within such period after the notice of disapproval as he may prescribe, give the agency an opportunity for a hearing on his action. It is provided that the Administrator shall then confirm or reverse his action as may be necessary after such hearing.

Subsection (a) of section 4 provides that the Secretary of the Treasury shall, in accordance with subsection (b) of this section, from time to time pay to each State having an approved plan, amounts sufficient to cover the expenditures made by the State for maternity and infant care furnished under the plan, plus sums found necessary by the Administrator for proper and efficient administration of the plan.

Subsection (b) provides that on the basis of reports from the State showing the estimated number of wives and children who will receive care under the State plan during the period for which the estimate is made and the estimated cost of such care, and on the basis of such other investigations as he deems proper, the Administrator shall estimate the amount to be paid to each State for such period under subsection (a) of this section. The Administrator is to so certify to the Secretary of the Treasury, and the Secretary of the Treasury, through the Fiscal Service and prior to audit or settlement by the General Accounting Office, is to pay to the State at the time or times fixed by the Administrator the amounts so certified. Estimates for any period are to be reduced or increased as the case may be by any sum by which the estimate for any prior period was greater or less

than the amount which should have been paid to the State for such period.

Subsection (c) of this section provides that the Administrator is also to certify to the Secretary of the Treasury for payment to any State, even though a State plan may not yet have been submitted, such amounts as he determines to be necessary to enable the State during a preliminary 3-month "tooling-up" period to employ and train staff, appoint and consult a State advisory council, and otherwise prepare for carrying out a program for maternity and infant care in such State in accordance with this act. Amounts so certified are to be paid by the Secretary of the Treasury, through the fiscal service and prior to audit or settlement by the General Accounting Office. Sums made available to the States under this subsection which are not used for the purposes indicated are to be repaid by the State.

The Administrator is authorized by section 5, after reasonable notice and opportunity for hearing to the State health agency concerned, to withhold further payments to a State in which he finds that the State plan has been so changed that it no longer complies with any condition required by section 3 to be included in the plan, or that there is a failure to comply substantially with any such condition. Payment may be withheld until he is satisfied that there is no longer any such failure to comply.

Section 6 provides that final decisions by the Administrator under sections 3 (b) or 5 are subject to judicial review on the record in the United States Court of Appeals for the circuit in which the State or any portion thereof is located in accordance with the procedure set forth in the Administrative Procedure Act.

Section 7 authorizes the appropriation of such sums as may be necessary to carry out the act.

The Administrator is authorized by section 8 to issue such regulations as may be necessary to efficient administration of his functions under the act. All such regulations are to be made only after consultation with a committee selected from among and representing the State health authorities.

Section 9 provides for the establishment of a national advisory council consisting of 15 members representing medical, nursing, and hospital groups and organizations, State health authorities, and the public. The Administrator is required to consult with the council in matters of policy arising in connection with his functions under the act. Provisions are included in this section specifying the term of office of members of the council, the method of electing its chairman, and the compensation to be received by members while serving on business of the council. Subsection (b) of this section provides that the council shall advise, consult with, and make recommendations to the Administrator on matters relating to the administration of the act.

Section 10 contains a number of definitions.

Under subsection (a) "Administrator" means the Federal Security Administrator.

Subsection (b) defines "enlisted members of the Armed Forces" as meaning persons below the grade of warrant officer in the active service of the Air Force of the United States, the Army of the United States, the United States Navy, the Marine Corps, or the Coast Guard.

The term "State" is defined in subsection (e) as including, in addition to the several States, Alaska, the District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands.

Subsection (d) defines an "infant" entitled to care as meaning the child of any enlisted member of the Armed Forces of the United States who has not reached his fifth birthday, including any such child to whose support such enlisted member has been judicially ordered to contribute, or who has been judicially deemed to be his child, or whom he has in writing acknowledged as his child. A "wife" entitled to maternity care includes any woman who is pregnant with or gives birth to any such child.

Subsection (e) defines "maternity and infant care." "Maternity care" means such hospital, medical, nursing and related services in connection with pregnancy and childbirth, and "infant care" means such hospital, medical, nursing, and related services in connection with care of an infant as may be included in regulations of the Administrator. A proviso has been inserted, along lines similar to a provision included in the Social Security Act by the 1950 amendments to that act, to the effect that the terms "maternity care" and "infant care" include the services of osteopathic practitioners and hospitals within the scope of their practice as defined by State laws.

Subsection (f) provides that entitlement to care under the act is to be determined as of the time application therefor is made, but exception may be made, in accordance with regulations issued by the Administrator, where denial of payment for care, on the ground that such care was furnished before application therefor was filed, would result in undue hardship and be inconsistent with the purposes of the bill.

Section 11 provides a termination date for the program. No payments could be made to any State for care furnished pursuant to an application filed after the close of the fiscal year in which the President declares at an end the national emergency proclaimed by him on December 16, 1950.